

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000153171

**FILED**  
**Mar 26, 2017**  
**Secretary of State**  
**CC9315112981**

**Entity Name:** THE ACADEMY OF BACTERIOLOGY, "L.L.C.

**Current Principal Place of Business:**

CANYON LAKES EXECUTIVE CENTER  
10595 HILLTOP MEADOW POINT SUITE 202  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

CANYON LAKES EXECUTIVE CENTER  
10595 HILLTOP MEADOW POINT SUITE 202  
BOYNTON BEACH, FL 33473 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LOCKARD, KENNETH  
CANYON LAKES EXECUTIVE CENTER  
10595 HILLTOP MEADOW POINTE SUITE 202  
BOYNTON BEACH, FL 33473 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	MGRM
Name	LOCKARD, KENNETH G	Name	LOCKARD, KENNETH JAMES
Address	CANYON LAKES EXECUTIVE CENTER	Address	CANYON LAKES EXECUTIVE CENTER
	10595 HILLTOP MEADOW POINT SUITE 202		10595 HILLTOP MEADOW POINT SUITE 202
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	BOYNTON BEACH FL 33473
Title	MGRM	Title	H.R.MANAGER
Name	LOCKARD, MATTHEW C	Name	FRUSHOUR, JUDITH
Address	CANYON LAKES EXECUTIVE CENTER	Address	CANYON LAKES EXECUTIVE CENTER
	10595 HILLTOP MEADOW POINT SUITE 202		10595 HILLTOP MEADOW POINT SUITE 202
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	BOYNTON BEACH FL 33473
Title	CONTROLLER	Title	EXCEUTIVE ADMINISTOR
Name	GUTMAN, GLENN	Name	LOCKARD, ELIZABETH
Address	CANYON LAKES EXECUTIVE CENTER	Address	CANYON LAKES EXECUTIVE CENTER
	10595 HILLTOP MEADOW POINT SUITE 202		10595 HILLTOP MEADOW POINT SUITE 202
City-State-Zip:	BOYNTON BEACH FL 33473	City-State-Zip:	BOYNTON BEACH FL 33473

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: KENNETH LOCKARD**

**PRESIDENT**

**03/26/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date